

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101568599

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.		←	26	←	23	←
TOTAL CLAIMS			27		24	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
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TOTAL IND.		↓		↓	2	↓
TOTAL DEP.		←		←	14	←
TOTAL CLAIMS					14	

PTO-1360 (REV. 11/84)

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